



APPLICATION FOR CERTIFICATE OF QUALIFICATION/SALESPERSON'S LICENSE.
INSTRUCTIONS: COMPLETE ALL APPROPRIATE SECTIONS OF THIS APPLICATION AND
THE ATTACHED CONSENT FORM. (FOR CERTIFICATE OF QUALIFICATION ONLY, OMIT
SECTIONS 2 & 6.) ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD?
☐ YES ☐ NO IF YES, PLEASE INDICATE DEALER NUMBER _____

DMV USE ONLY

LICENSE FEE _____

MVTRF FEE _____

1. FIRST		M.		LAST		
HOME ADDRESS (P.O. BOX NOT ACCEPTABLE)						
CITY		STATE		ZIP CODE		
SEX	WEIGHT	HEIGHT	EYE	HAIR	DATE OF BIRTH	SOCIAL SECURITY NO.
2. NAME OF EMPLOYER						
TRADING AS						
STREET ADDRESS				DEALER CERT. NO.		
CITY		STATE		ZIP CODE		
3. ANSWER THESE QUESTIONS						
A. HAVE YOU EVER BEEN REFUSED A MOTOR VEHICLE DEALER'S OR SALESPERSON'S LICENSE OR HAD SUCH LICENSE SUSPENDED OR REVOKED?						
B. HAVE YOU <u>EVER</u> BEEN CONVICTED OF A FELONY?						
C. HAVE YOU EVER BEEN CONVICTED OF ANY FRAUDULENT OR CRIMINAL ACT INVOLVING THE BUSINESS OF SELLING MOTOR VEHICLES?						
D. HAVE YOU EVER BEEN CONVICTED OF ODOMETER TAMPERING, LARCENY OF A VEHICLE OR RECEIPT OR SALE OF A STOLEN VEHICLE?						
E. IF THE ANSWER TO B, C, OR D OF THE ABOVE QUESTIONS IS YES, ATTACH A COPY OF CONVICTION RECORD(S), NAME OF PROBATION OFFICER, DATE(S), AND COURT JURISDICTION(S).						
YES						
NO						
LICENSE YEAR ENDING						

<p>4. Check all boxes that apply.</p> <table border="0"><tr><td><input type="checkbox"/> Qualification for salesperson</td><td><input type="checkbox"/> Original Salesperson License</td></tr><tr><td><input type="checkbox"/> Qualification for dealer operator</td><td><input type="checkbox"/> Transfer salesperson license (must attach existing license)</td></tr><tr><td><input type="checkbox"/> Independent</td><td><input type="checkbox"/> Renewal of salesperson license</td></tr><tr><td><input type="checkbox"/> Franchised</td><td><input type="checkbox"/> Factory or distributor representative</td></tr><tr><td><input type="checkbox"/> Upgrade from salesperson to dealer operator</td><td></td></tr></table> <p>*NOTE: A salesperson license must be obtained in addition to your qualification if you sell motor vehicles.</p> <p>5. I certify that I am not employed by another dealer unless the dealerships are owned by the same person, partnership or corporation.</p>	<input type="checkbox"/> Qualification for salesperson	<input type="checkbox"/> Original Salesperson License	<input type="checkbox"/> Qualification for dealer operator	<input type="checkbox"/> Transfer salesperson license (must attach existing license)	<input type="checkbox"/> Independent	<input type="checkbox"/> Renewal of salesperson license	<input type="checkbox"/> Franchised	<input type="checkbox"/> Factory or distributor representative	<input type="checkbox"/> Upgrade from salesperson to dealer operator		<p>6. I certify that the applicant named herein is employed by the firm as a salesperson or representative.</p> <p>If application is for a salesperson's license, I certify the applicant is not employed by another dealer unless the dealerships are owned by the same person, partnership or corporation. All information contained herein in true and correct.</p> <div><div>DEALERSHIP AUTHORIZED SIGNATURE</div><div>DATE</div></div> <div><p>A Virginia Certificate of Qualification Is hereby granted for the following</p><table border="0"><tr><td><input type="checkbox"/> Salesperson</td></tr><tr><td><input type="checkbox"/> Independent Dealer-Operator</td></tr><tr><td><input type="checkbox"/> Franchised Dealer-Operator</td></tr></table><p><i>Clement B. Smith</i></p><p>COMMISSIONER, DEPARTMENT OF MOTOR VEHICLES CHAIRMAN, MOTOR VEHICLE DEALER BOARD</p></div>	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Independent Dealer-Operator	<input type="checkbox"/> Franchised Dealer-Operator
<input type="checkbox"/> Qualification for salesperson	<input type="checkbox"/> Original Salesperson License													
<input type="checkbox"/> Qualification for dealer operator	<input type="checkbox"/> Transfer salesperson license (must attach existing license)													
<input type="checkbox"/> Independent	<input type="checkbox"/> Renewal of salesperson license													
<input type="checkbox"/> Franchised	<input type="checkbox"/> Factory or distributor representative													
<input type="checkbox"/> Upgrade from salesperson to dealer operator														
<input type="checkbox"/> Salesperson														
<input type="checkbox"/> Independent Dealer-Operator														
<input type="checkbox"/> Franchised Dealer-Operator														
<p>Signature of applicant _____ Date _____</p> <p>I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted as a Class 5 felony or a Class 2 misdemeanor. In addition, I have completed and signed the attached consent form to authorize DMV to conduct a criminal history inquiry solely for the purpose of evaluating this application.</p> <p>PRIVACY STATEMENT</p> <p>In accordance with Sections 2.1-196.1, 2.1-731 and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.</p> <p>* Re-issues that do not extend their current month of expiration will be issued at no fee. Re-issues that extend the month of expiration will be issued as originals at full fee.</p>	<p>DSD 7 (Rev. 05/03)</p>													